

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Western District of New York

Amended Complaint

Case No.

22-CV-1012

(to be filled in by the Clerk's Office)

Norman Coney

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

JURY TRIAL: Yes ☒ No ☐

John Doe etc - see Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Norman Croney

All other names by which  
you have been known:

ID Number

16A0510

Current Institution

Marcy Correctional Facility

Address

Box 3600

Marcy

City

NY

State

13403-3600

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

(John Doe)  
SergeantJob or Title (*if known*)

Shield Number

Employer

Elmira Correctional Facility

Address

1879-David Street P.O. Box 500

Elmira

City

N.Y.

State

14901

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

(John Doe)  
Correction OfficerJob or Title (*if known*)

Shield Number

Employer

Elmira Correctional Facility

Address

1879-David Street P.O. Box 500

Elmira

City

N.Y.

State

14901

Zip Code



Individual capacity



Official capacity

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

## Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

Co  
(Jane Doe)  
Correction Officer  
Elmira Correctional Facility  
1879 David Street P.O. Box 500  
Elmira N.Y. 14901  
City State Zip Code  
☒ Individual capacity ☐ Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City State Zip Code  
☐ Individual capacity ☐ Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

**A.** Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

**B.** Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8<sup>th</sup> Amendment

**C.** Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

- D.** Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See Attached

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A.** If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B.** If the events giving rise to your claim arose in an institution, describe where and when they arose.

See Attached

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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C. What date and approximate time did the events giving rise to your claim(s) occur?

See Attached

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D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attached

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**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attached

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**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attached

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A.** Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Elmira Correctional facility

- B.** Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C.** Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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- D.** Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E.** If you did file a grievance:

1. Where did you file the grievance?

Elmira Correctional Facility

2. What did you claim in your grievance? the same as attached claim

3. What was the result, if any?

no answer on all stages of grievance.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed my grievance all the way to C.O.R.C. and received no answer.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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**F.** If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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**G.** Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

**VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

- A.** Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B.** If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-29-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Norman Cronley  
Norman Cronley  
16A0510  
Marcy Correctional Facility-Box 3600  
Marcy NY 13403-3600  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT  
Western DISTRICT OF NEW YORK

Amended  
Complaint

Norman Croney  
Plaintiff

✓  
Sgt  
(John Doe) (John Doe)  
Co  
(Jane Doe) Defendant(s)

COMPLAINT  
(Pro Se Plaintiff)

Case No. 22-CV-1012  
(Assigned by Clerk's  
Office upon filing)

Jury Demand

☒ Yes

☐ No

NOTICE

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I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)  
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971)  
(federal defendants)  
☐ Other (please specify) \_\_\_\_\_

UNITED STATES DISTRICT COURT  
Western DISTRICT OF NEW YORK

Amended  
Complaint

Norman Croney

Plaintiff

COMPLAINT  
(Pro Se Plaintiff)

Case No. 22-CV-1012  
(Assigned by Clerk's  
Office upon filing)

Sgt C.O.  
(John Doe) (John Doe)  
Co.  
(Jane Doe) Defendant(s)

Jury Demand

☒ Yes

☐ No

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- ☐ Other (please specify) \_\_\_\_\_

UNITED STATES DISTRICT COURT  
Western DISTRICT OF NEW YORK

Norman Croney  
Plaintiff

✓  
Sgt (John Doe) (Jane Doe) Co.  
Co (John Doe) Defendant(s)

Amended  
Complaint

COMPLAINT  
Info See Page 1

Case No. 22-CV-1012  
(Assigned by Clerk's  
Office upon filing)

Jury Demand

☒ Yes

☐ No

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UNITED STATES DISTRICT COURT  
Western DISTRICT OF NEW YORK

Norman Croney  
Plaintiff

Sgt  
(John Doe) C.O.  
(Jane Doe) C.O. Defendant(s)

Amended  
Complaint

COMPLAINT  
(Pro Se Plaintiff)

Case No. 22-CV-1012  
(Assigned by Clerk's  
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Jury Demand

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☐ Other (please specify) \_\_\_\_\_

UNITED STATES DISTRICT COURT  
Western DISTRICT OF NEW YORK

Norman Cronley  
Plaintiff

✓

Sgt  
(John Doe)  
(Jane Doe)  
C.O.  
(John Doe)  
Defendant(s)

Amended  
Complaint

COMPLAINT  
(Pro Se Plaintiff)

Case No. 22-CV-1012  
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Jury Demand

☒ Yes

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☐ Other (please specify) \_\_\_\_\_

In Elmira Correctional Facility

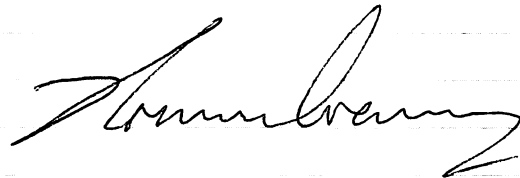
On September 17<sup>th</sup> 2021 I was involved in a fight with another inmate. After Officers broke up the fight we were taken to medical. When me and the inmate was done with medical we were taken back to our cells and placed on 72 hour Keeplock. After the 72 hour Keeplock was over we continue to go to program together, Chow to eat and to the yard for rec. Because (John Doe) refused to separate us a week later on September 24<sup>th</sup> myself along with 20 to 30 inmates were being escorted from night rec yard back to the housing area by 2 correction officers (John and Jane Doe) who remained at the back of the line. Right before entering the housing area an inmate cut me from behind at the front of the line across the upper right side of my face. I then stood to the side of the line leaking blood and waited for the only 2 officers (John Doe and Jane Doe) at the back of the line. When the Officers (John Doe and Jane Doe) arrived I was escorted to medical where pictures was taken and my face where I was cut was attended to. I was then escorted by Officers (John Doe and John Doe) to Elmira emergency room where I waited 4 hours for a doctor to give me 14 stitches.

For this incident I filed a grievance all the way to C.O.R.C. and did not get a response to any of the stages of my grievance.

I'm filing this Claim on the grounds of my eighth amendment being violated because (John Doe) knew that it was going to be some type of retaliation and failed to separate me and that inmate I was involved in a fight with on September 17<sup>th</sup> 2021, who had also went out to rec with me that night I sustained that injury on September 24<sup>th</sup> 2021.

For the Above Aformentioned, I seek compensation for my injuries in the Amount of 100,000\$

2-29-24



In Elmira Correctional facility

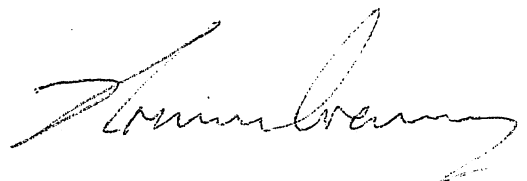
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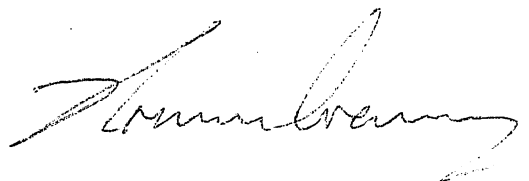
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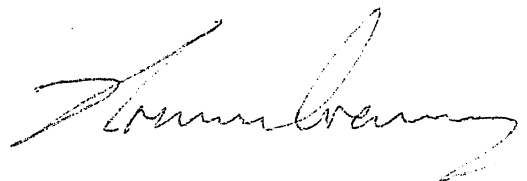
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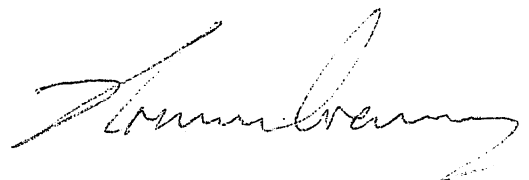
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2-29-24



## CIVIL COVER SHEET

JS 44 (Rev. 07/15)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

Norman Coney  
Dint#16A0510

## DEFENDANT

Sgt. C.O. (John Doe) (John Doe) (Jane Doe)  
Elmira Correctional Facility  
1879-David Street P.O. Box 560  
Elmira N.Y. 14901  
County of Residence of First Listed Defendant Chemung

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

AMOUNT IN DISPUTE

Plaintiff Norman Coney Dint#16A0510  
Marcy Correctional Facility Box 3600  
Marcy N.Y. 13403-3600

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff  
☒ Federal Question (U.S. Government Not a Party)  
☐ 2 U.S. Government Defendant  
☐ Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- (For Diversity Cases Only)
- |                                       | PTF                        | DEF                        |
|---------------------------------------|----------------------------|----------------------------|
| Citizen of This State                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Citizen of Another State              | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Citizen or Subject of Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
- Indicate where Principal Place of Business in This State or of Business in Another State

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACTS	TORTS	FORFEITURE/PENALTY	LAND/INTELLECTUAL PROPERTY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 750 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>PROBATION/REENTRY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DTWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influence and Corrupt Organization <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat. TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

## ORIGIN (Place an "X" in One Box Only)

- ☐ Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from Another District (specify)  
☐ 6 Multidistrict Litigation - Transfer  
☐ 7 Multidistrict Litigation - Direct File

CAUSE OF ACTION Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 USC Section 1983, Civil Rights action  
8th Amendment violation

REQUESTED IN COMPLAINT: ☐ THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. JURY DEMAND: ☐ Yes ☐ No

RELATED CASE(S) IF ANY (See Instructions) JUDGE: [Signature] DOCKET NUMBER:

OFFICE USE ONLY  
CEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

PROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

1 Norman Croncy  
Sgt  
2 John doe (John doe) (Jane Doe)  
co.

COURT CASE NUMBER

322-CV-1012

TYPE OF PROCESS Summons

4 and Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

5

AT

ADDRESS (Same as RED Attachment No. 100, unless otherwise noted)  
6 Elmira Correctional Facility  
1879- David Street P.O. Box 500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

7 Norman Croncy Dnt #16A0510  
Marcy Correctional Facility  
Box 3600  
Marcy, NY 13403-3600

Number of process to be served with this Form - 285

8

Number of parties to be served in this case

9

Check for service on U.S.A.

10

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

11 If not at address upon delivery then deliver to address transferred to

Signature

12 [Signature] requesting service on behalf of:

13 ☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

14

DATE

15 2/29/24

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

1. CLERK OF THE COURT

To: Clerk

From: N. Cronley Dint

Case#-1:23-CV-01186  
Case#-22-CV-1012

I'm Writing to you in regards to two separate Case#s in your district.

Attached is a Complete and Signed motion for forma Pauperis in regards to Case# 1:23-CV-01186 as well as the Authorization form.

Attached is also an Amended Complaint for Case# 22-CV-1012.

If there are any additional copies or documents that you may need from me please contact me immediately. I also would appreciate it if you make sure correspondence from your district is sealed correctly and that you let me know somehow that you recieved these attached documents.

I recently got a letter from a clerk in your district <sup>(Chenestier)</sup> saying that they don't acknowledge receipt of letters, and I sent it Certified mail return receipt. I should be entitled to the Service I pay for and it for some reason I don't get Service I pay for the post master general is liable for damages. So can you please some way acknowledge this letter and documents that im sending Certified mail return receipt Signature Confirmation.

Thank you for your time

Sincerely  
N. Cronley Dint